

**Enter Your Account Number in the Boxes Below:** 

## **CITY OF ST. PAUL**

DEPARTMENT OF SAFETY AND INSPECTIONS 375 JACKSON STREET, SUITE 220 ST. PAUL, MINNESOTA 55101-1806 Phone: 651-266-8989 Fax: 651-266-9124

Phone: 651-266-8989 Fax: 651-266-9124 Visit our Web Site at www.stpaul.gov/dsi

## VACANT BUILDING \$5,000.00 PERFORMANCE DEPOSIT

DAY'S DATE:		FOR OFFICE USE ONLY	
		FOLDER #	4.
VACANT BUILDING ADDRESS:		FOLDER #	+: <del></del>
VACARI BUILDING ABBRESS.			
DEPOSITOR'S NAME:	DEPOSITOR'S ADDRESS:		
DAYTIME PHONE:	CITY:	STATE:	ZIP CODE:
DATTIME PHONE:	CITY:	SIAIE:	ZIF CODE:
FAX NUMBER:			
When your project is completed and approved, your \$5,000.00 performance deposit plus interest will be			
refunded to you.			
I understand that all items listed on the inspection report must be corrected within six (6) months and where			
applicable (Category 3 Building), a \$5,000.00 performance deposit (cash or bond) must be made before a permit will be issued. It may be possible to get an additional six (6) months to complete project if work is			
proceeding expeditiously and is more than 50% complete or if unforeseen conditions have had a significant schedule impact on the completion of work.			
I also understand that this property shall <u>not</u> be occupied until ALL code corrections are made and written			
authorization to occupy is obtained.			
Please indicate below the address your Refund Check should be sent to:			
27.12.00			
NAME:			
ADDRESS:			
CITY:STATE: ZIP:			
Checks must be payable to: CITY OF SAINT PAUL  IF PAYING BY CREDIT CARD PLEASE COMPLETE THE FOLLOWING INFORMATION:			
Signature of Cardholder (required for all charges):			
		r	
Please complete the following if paying by credit card (circle on			Exp Date:
AMEX Discover MasterCard Visa	Code:		